

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
MATTER OF (Name): <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR <input type="checkbox"/> TRUST			
REQUEST FOR SPECIAL NOTICE			CASE NUMBER:

1. a. ☐ I am a person interested in this proceeding.
 b. ☐ I am the attorney for a person interested in this proceeding (specify name of interested person):

2. I REQUEST SPECIAL NOTICE of (complete only a or b)

- a. ☐ the following matters (check applicable boxes):
- (1) ☐ **all matters** for which special notice may be requested (Do not check boxes (2)-(8).)
 - (2) ☐ inventories and appraisals of property, including supplements
 - (3) ☐ accountings
 - (4) ☐ reports of the status of administration
 - (5) ☐ objections to an appraisal
 - (6) ☐ petitions for the sale of property
 - (7) ☐ *Spousal Property Petition* (form DE-221) (Prob. Code, § 13650)
 - (8) ☐ other petitions: ☐ all petitions ☐ the following petitions (specify):

- b. ☐ the following matters (specify):

3. SEND THE NOTICES to

- a. ☐ the interested person at the following address (specify):

- b. ☐ the attorney at the following address (specify):

Date:

..... (TYPE OR PRINT NAME)



(SIGNATURE)

☐ Attorney for person requesting special notice (client's name):

(Continued on reverse)

